

Par. 1. **Material Transmitted and Purpose** – Transmitted with the Manual Letter are changes to Service Chapter 650-25, State and Community Programs Funded Under the Older Americans Act Policies and Procedures Manual. The old language is struck through, and the new language is underlined.

Service Categories 650-25-30-01-15

Adds clarification to the definition of “temporary relief”.

4. Respite care.

- a. Temporary relief from the stresses and demands associated with daily 24-hour care or for emergencies for a grandparent/ relative caregiver or for a primary caregiver who is caring for an older adult with at least two activities of daily living (ADL) impairments or a cognitive impairment. “Temporary relief” means an average of ~~15~~ 10-12 hours or less of respite care services per month unless otherwise authorized by the Caregiver Coordinator. If a caregiver consistently uses respite services more than 12 hours per month, the Caregiver Coordinator will assess the caregiver’s situation and, if additional services support keeping the care recipient at home, the Caregiver Coordinator must consult the Program Administrator to determine if the “temporary relief” requirement could be waived.

Service Activities 650-25-30-10

Removes language regarding provision of respite care to individuals receiving other services or are paying privately.

9. Respite Care.

- Identify and arrange for payment of a qualified respite care provider for the temporary relief of the primary caregiver. A qualified respite care provider may include an individual, registered nurse, licensed practical nurse, certified nurse assistant who is enrolled as a respite care qualified service

provider (QSP) with the Department of Human Services, an adult or child day care facility, a licensed adult or child foster care home, long term care facility, or a qualified family member who is related to the individual receiving care. Biological, adoptive parents and stepparents are not eligible to receive NDFCSP respite care payments when caring for their own biological, adopted or stepchildren. Qualified respite providers who choose to provide enhanced Alzheimer's and related dementia respite must also have completed the caregiver dementia training approved by the Department of Human Services.

- Caregiver Coordinators will be responsible to insure individual and agency QSPs enrolled with the Department of Human Services receive payment from the NDFCSP for respite services at a same rate as the current 15 minute unit rate established by the Medical Services Division. If verification is needed for a particular QSP provider's established 15 minute unit rate, Caregiver Coordinators may consult with the Program Administrator.
- Respite care that will be provided in the home of a qualified service provider (QSP) cannot be authorized until the Caregiver Coordinator has made a visit to the home and completed a Respite Home Evaluation ([SFN 549](#)) with the QSP. QSP's that are providing services to a relative and meet the definition of a qualified family member and licensed Adult or Child Family Foster Care providers are not required to complete a home evaluation.
- Respite Home Evaluations ([SFN 549](#)) are valid for no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a qualified service provider (QSP), whichever comes first. The QSP expiration date can be obtained from Aging Services Division. A copy of the evaluation form must be provided to the QSP and the original should be maintained in the provider's file.
- Individual [i.e. qualified family members and qualified service provider (QSP)] rates for respite care services shall not exceed the current maximum Medicaid QSP rate. Providers who have

an individual QSP rate different from the state maximum Medicaid QSP rate shall be paid at their established individual rate, not the maximum Medicaid QSP rate. A qualified family member is: the spouse or one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. (Current or former spouse refers to in-law relationships.)

- Agency unit respite rates shall not exceed the current maximum rate for the service under Medicaid. Agency providers who have an agency QSP rate different from the maximum state Medicaid QSP rate shall be paid at their established agency rate, not the maximum Medicaid QSP rate.
- Payment for overnight/24-hour, in-home respite provided by an enrolled QSP, qualified family member or agency shall not exceed the current Medicaid swing bed rate.
- Payment for one day of respite care cannot exceed the current Medicaid hospital swing bed rate whether or not the person received overnight care.
- Overnight respite care services for eligible grandchildren may be provided in a licensed child foster care home. Approval from the local county social service case manager working with the child foster care home must be obtained prior to making arrangements for respite services.
- A caregiver is eligible to receive funding for respite services if they are providing 24-hour care and the care recipient has two or more activities of daily living (ADL) limitations or a cognitive impairment which makes it unsafe for them to be left alone.
- A caregiver who does not live with the care recipient but is providing care and assistance to the care recipient on a daily basis, does not meet the eligibility requirements to receive routine respite care services from the program. Payment for respite care services could be considered should the caregiver have need of extended time away from the care recipient (based on care recipient's specific needs). Eligibility must be based on the coordinator's assessment insuring the care

recipient meets all other program eligibility and services provided by the caregiver enables the care recipient to remain in the community.

- Authorization or use of respite services for time while the caregiver is at work is prohibited. If a care recipient is staying home alone during the time the caregiver is at work, the caregiver is not eligible to receive NDFCSP respite services.
- Caregivers are not eligible to receive NDFCSP services if they or the care recipient are receiving state, federal, or county funded services available through existing Home and Community Based Services (HCBS) programs. If the only HCBS service a caregiver is accessing is Homemaker Services, the coordinator will explore, with the caregiver, eligibility for additional HCBS programs prior to making a decision regarding NDFCSP eligibility. If the caregiver is eligible only for Homemaker Services and all other FCSP eligibility criteria have been met, the caregiver may be enrolled to access NDFCSP services.
- Primary caregivers who are being paid by private arrangement or by a public funded program to provide care are not eligible to receive NDFCSP respite services.
- Grandparents or relative caregivers who have adopted the grandchild/child and receive an adoption subsidy are not eligible to receive program services.
- Caregivers who receive respite or in-home care services from a source other than a public funded program; i.e. Hospice, Veteran's Services, etc. ~~and the amount of service is more than average of four hours a week are not eligible to receive NDFCSP respite services. If the services received are four hours per week or less the caregiver would be eligible for NDFCSP services but the respite funding allocation will be less than the respite care service cap. If a caregiver begins receiving Hospice services after their enrollment in the NDFCSP, they will~~ may continue to receive NDFCSP program respite services but a reduction in the amount of the respite service allocation should be carefully considered based on amount of respite services other programs are providing.

- ~~A caregiver who pays privately for respite or in-home personal care services of more than four hours per week is not eligible to receive NDFCSP respite care services. If the private pay services are four hours per week or less the caregiver would be eligible for NDFCSP services but the respite funding allocation will be less than the respite care service cap.~~
- Funding for respite service available to a primary caregiver cannot exceed the established service cap for respite care service in a twelve-month period (July 1 to June 30). The Aging Services Division staff determines the service cap for each 12 month enrollment period. Updated service cap information will be issued when changes occur.
- Allocations for respite care services must be prorated on a three month allocation or if less than three months, the number of months the Caregiver Option Plan is in effect. Respite service funding on the Caregiver Option Plan will be allocated on a three month prorated basis. Coordinators will review the Caregiver Option Plan at a minimum of every three months to assess caregiver usage of respite funding and make adjustments based on expended funding, which may include an increase or reduction of funding. Respite care service allocations may exceed the prorated cap if the caregiver's need has been established and documented in the caregiver record and does not exceed the twelve month service cap.
- Individuals providing care for a person with Alzheimer's disease or a related dementia are eligible to receive an enhancement of \$600 over the established service cap for the enrollment period if they and at least one of their respite providers have successfully completed the NDFCSP approved caregiver dementia training.
- Services available to a primary caregiver may exceed the service cap established for the enrollment if it can be demonstrated that the caregiver has an extraordinary need that significantly increases the caregiver's responsibilities and not providing the additional respite may place the care recipient at imminent risk of institutional placement. A written request to exceed the established service cap must be sent to the Aging Services Division NDFCSP Program Administrator for approval.

Approval will be determined on a case-by-case basis and will be limited to a one-time allocation. Individuals who receive Alzheimer's disease or related dementia enhanced respite service funding are not eligible to receive an additional respite allocation beyond the service cap established for the enrollment period.